

Instructions for Completing DDA Provider and Re-Enrollment Applications for DDA Approval DDA as a Qualified Supports/Services Provider (“QSP”)

A DDA license is required for all providers who render supports and services in a provider operated facility and for Targeted Case Management (Coordination of Community Services) Providers. Unless otherwise specified, a DDA license is not required to render other supports or services in DDA’s Home and Community-Based Waivers. However, to be approved by the DDA as a QSP, a provider must meet all specific requirements. This document provides instructions for completing the DDA Provider Application.

1. Go to DDA’s website, <https://dda.health.maryland.gov/Pages/providers.aspx> and review the following documents:
 - a) DDA Policy Application and Approval Processes for Qualified Supports/Services Providers in DDA’s Home and Community-Based Waivers and/or Provider Re-Enrollment Application, as applicable;
 - b. Eligibility Requirements for Qualified Supports/Services Providers; and
 - c. Instructions for Completing DDA Provider and Re-Enrollment Applications.
2. Download:
 - a) The DDA Provider Application,
 - b) Qualified Support/Services Provider Agreement to Conditions of Participation, and
 - c) Provider Checklist.

Save a copy of each document to your computer. If you do not have a computer, obtain copies of the DDA Provider Application, Qualified Support/Service Provider Agreement to Conditions of Participation, and Provider Checklist from your area’s DDA Regional Office.

Central Maryland Regional Office

1401 Severn St., Baltimore, MD 21230

(Anne Arundel, Baltimore, Harford and Howard Counties and Baltimore City)

Eastern Shore Regional Office

926 Snow Hill Road, Cottage 100 Salisbury, MD 21804

(Caroline, Cecil, Dorchester, Kent, Queen Anne, Somerset, Talbot, Wicomico, and Worcester Counties)

Southern Maryland Regional Office

312 Marshall Ave., 7th Floor, Laurel MD 20707

(Calvert, Charles, Montgomery, Prince George’s and St. Mary’s Counties)

Western Maryland Regional Office

1360 Marshall Street, Hagerstown, Maryland 21740

(Allegany, Carroll, Frederick, Garrett, and Washington Counties)

3. Request the required background check(s) and child protective service clearance(s) at least two (2) weeks prior to the submission of your application. **The DDA Agency Authorization # is 1500001484. The ORI # is MD003105Y.**

Criminal History Record Checks (CHRC) using the Criminal Justice Information System (CJIS) are required and must be **current** for an initial applicant and for a previously approved provider who is seeking to render supports and services in DDA's new Family Supports or Community Supports Waiver or approval to render a **new** support or service to participants under DDA's Comprehensive Waiver. An applicant's first line managers must also have CHRCs using the Criminal Justice Information System. If you are applying to render supports or services to children, Child Protective Services Clearances is required for the applicant and for applicant's first line managers.

A current background check is defined as one received from the CJIS no more than 45 days after the date it was requested. In the event that the required background check(s) is not received by DDA headquarters within 30 days of the receipt of the provider application, the provider application will not be approved. Include receipts for criminal history checks and any results of follow up contacts (i.e. name of contact, date and written documentation that criminal history checks have been sent to the Department/DDA).

Information on locations for obtaining criminal history and background checks can be found at <http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>.

Please visit <https://dhr.maryland.gov/.../Child%20Protective%20Services/1279A%20Background> or contact your area's local Department of Social Services for information to obtain Child Protective Service Clearances.

An applicant may not employ or contract with any individual or entity who is excluded from participation in any federal health care program. The Federal List of Excluded Individuals and Entities (LEIE) can be viewed at http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp. The State List of Excluded Medicaid Providers can be viewed at <http://dhmh.maryland.gov/oig/SitePages/related-links.aspx>.

Pursuant to Health-General Article, §19-1901 through §19-1912, Annotated Code of Maryland, CHRC and background checks, and if providing supports or services to children, Child Protective Service Clearances are required for all other staff, contractors, volunteers, and other persons who have or will have direct contact with waiver participants and before your business/agency approves these persons to render waiver services and supports. An applicant may not employ or contract with any individual who has a criminal history which would indicate behaviors potentially harmful to participants. See COMAR 10.22.02.11B.

Except for the applicant and first line managers, the DDA Application does not require the actual submission of CHRC or background checks for other staff, contractors, volunteers, and other persons unless specifically requested. Your business/agency must certify that these checks with appropriate

results have occurred for current staff, contractors, volunteers, and other persons who have direct contacts with participants, and will occur for all others with appropriate results before any persons have direct access or render waiver services and supports to participants. You must attest to this by submitting the Qualified Support/Services Provider Agreement to Conditions of Participation and verifying the applicable checks made by completing and submitting the Staff Criminal History Form.

4. Your application must demonstrate the applicant and that the applicant's staff meets educational, license, certification, and experience requirements. If you are an individual applicant, please complete this section on the form or submit your resume
5. If you are a business or agency, please complete the Business/Agency Questionnaire and submit resumes and/or job descriptions as required. You must submit a program service plan and quality assurance plan as required by COMAR 10.22.02 to demonstrate capacity to provide the supports and services in which you are seeking approval, and demonstrate financial capability to render services through the provision of all financial documents required.
6. Answer each question on the application by providing the information requested and completing each section. Text fields will expand as needed for electronic applications. If you are a single party proposing to provide supports and/or services, only complete those sections required on the application for an individual applicant. If you are an entity employing one or more staff who will render the proposed support and/or service, complete the sections providing required information as a business or agency.
7. Review the applicable Attachments List in the application and include all required documents. Required attachments are numbered and listed in **red font**.
8. If a question does not apply to you or your business or agency, please write not applicable in the space provided for the response or check the "not applicable" box if one is provided.
9. Complete the Organized Health Care Delivery form (OHCDS) if you are seeking approval to provide OHCDS supports or services.
10. If you are seeking an initial license or approval to have your license renewed, complete the Governing Body – Board of Directors Form, applicable Staff Training Form, Staff Criminal History Form, Staff Policies and Procedures Form, List of Licensed Site Locations Form, and Addendum Application for Current License Form (to add a new site), if applicable. Also, comply with submission dates for policies and procedures and all other information required by the DDA and Office of Health Care Quality (OHCQ).
11. Complete the application's disclaimer and/or certification section(s) to attest to the accuracy of the information provided to the DDA and OHCQ (if applicable) in your application.

12. Ensure that you have saved a copy of your completed application.
13. Make sure you have reviewed and signed the application checklist to ensure that all required information has been provided. The use of the checklist is mandatory. Submit your completed application checklist with your application.
14. Complete and sign the Provider Agreement to Conditions of Participation. Save a copy of this form for your files and submit the original form with your application.
15. Submit your completed application with required attachments and the Provider Agreement to Conditions of Participation to providerapplications.dda@maryland.gov. Indicate the applicable DDA Regional Office where you/the business or agency would like to provide services in the subject line of the email. If you and/or the business or agency would like to provide services in more than one region, indicate the region in which your/the business' headquarters is located. Applications can also be sent via U.S. postal mail to the Developmental Disabilities Administration, Attention - DDA Provider Relations staff, 4th Floor, 201 W. Preston Street, Baltimore, Maryland 21202.
16. If you have questions regarding application submission, submit them in an email to providerapplications.dda@maryland.gov.

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